



U.S. DEPARTMENT OF AGRICULTURE
EMPLOYEE SUGGESTION FORM

**SOLUTIONS \$AVE
SO \$UBMIT \$UGGESTIONS**

SUGGESTOR: Complete items 1 thru 11.
Please print or type except for signature.

1. CURRENT SITUATION: (Describe the present procedure, condition, etc., in full detail.)

2. EXPLAIN YOUR SUGGESTION: (include specific recommendations for change.)

3. I BELIEVE MY SUGGESTION WILL:

- ☐ Increase Productivity ☐ Increase Service ☐ Improve Methods ☐ Reduce Costs
☐ Prevent Injuries & Illnesses ☐ Improve Quality ☐ Other (Identify): _____

4. IDENTIFY THE ADVANTAGES AND BENEFITS OF YOUR SUGGESTION INCLUDING THE MEASURABLE OR NONMEASURABLE SAVINGS THAT WOULD RESULT.

The acceptance by me of an award for this suggestion shall constitute an agreement that the use of the suggestion by the united States shall not form the basis of a further claim upon the United States by me, my heirs, or assigns.

5. SUGGESTOR'S NAME (Print or Type)	6. SIGNATURE	7. AGENCY	8. DATE	
9. TELEPHONE/FAX:	10. OFFICE MAILING ADDRESS	11. EMAIL ADDRESS		
SUGGESTION COORDINATOR (Complete Items 12, 13, 14, 15, and 16A)				
12. DATE SUGGESTION RECEIVED:	13. RECEIVED BY	14. TITLE	15. SUGGESTION TRACKING NO.	
EVALUATING OFFICE (Complete Items 16B, C, D, AND E. Use the Evaluator's Checklist (on reverse) to assist you in evaluating the suggestion.)				
16A. EVALUATING OFFICE	B. RECOMMENDED ACTION (Attach Written Comments) <input type="checkbox"/> Adopt <input type="checkbox"/> Reject <input type="checkbox"/> Other: _____	C. SIGNATURE OF EVALUATOR	D. TRACKING NO.	E. DATE
	<input type="checkbox"/> Adopt <input type="checkbox"/> Reject <input type="checkbox"/> Other: _____			

SEE REVERSE SIDE FOR INSTRUCTIONS AND ADDITIONAL INFORMATION.

FORM AD-287 (7/97)

THIS SIDE TO BE FILLED IN BY SUPERVISORS AND REVIEWING OFFICIALS

COMMENTS AND RECOMMENDATIONS

ROUTING

ROUTING

- 1.
- 2.
- 3.

- 4.
- 5.
- 6.

SUPERVISORS AND REVIEWING OFFICIALS: Pass this proposal on to your supervisor until it reaches the control level designated in your agency instructions. Indicate below if (a) you have put into effect, (b) you recommend but lack authority to adopt, or (c) you do not recommend and reasons therefore. Also provide best estimate possible of annual dollar savings and intangible benefits. Report results of any tests made of the suggestion. Date and initial comments and recommendations set forth below.

1.

2.

3.

4.

5.

6.